Keeping Coding Skills Sharp and Spirits High During the ICD-10 Delay

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By Mary Butler

The HIM Problem

The legislative and regulatory delays for the go-live date for ICD-10-CM/PCS have left some hospitals and physician practices skittish about investing in training and education programs. While a "boy who cried wolf" syndrome exists in some corners of healthcare, forward-thinking organizations are ignoring the uncertainty and keeping staff trained.

The HIM Problem Solver

Janis Leonard, RHIT, CCS, director of HIM at Albany Medical Center, in Albany, NY

For health systems that have been diligently preparing for ICD-10-CM/PCS implementation, each delay of the go-live date has been a setback, both financially and in terms of morale. Janis Leonard, RHIT, CCS, director of HIM at Albany Medical Center in Albany, NY, says that the repeated delays have been discouraging for her and her team, and that another delay would be "almost devastating" due to all the money the health system has invested in training. Albany Medical Center has 740 beds, with 70,000 ER visits and 37,000 inpatient discharges annually.

"It would be tough to re-engage if it happened again," Leonard says.

Leonard and her department are taking an active approach to thwarting another delay, a wise move considering the attempts by some in Congress to renew delay activities. Leonard regularly forwards advocacy updates from AHIMA and AHIMA's New York component state organization to her coders to encourage them to advocate for no delay.

"Even the director of patient financial services sent a letter to our Congressmen recently again saying 'do not delay,' so we have our financial people as well as our coders engaged in that initiative," Leonard says.

Since her position reports to finance, Leonard says she has been lucky to have support for ongoing training efforts from the top of her organization. Since management fully believes ICD-10 will happen this year, they've been accommodating in allocating the funds for it. Leonard is also fortunate to have physicians who have been active in supporting ICD-10 from the very beginning. Physicians are involved in helping to promote ICD-10 awareness among their colleagues and they have been active in clinical documentation improvement (CDI) initiatives.

Full Speed Ahead on Training

Coders at Albany Medical Center are never without practice in ICD-10, even as they work in ICD-9. Leonard's department continually offers refresher courses, via online modules, in medical terminology, anatomy and physiology, and pharmacology so that coders are prepared for the increased specificity of the new code set.

Leonard has put a major focus on dual coding, which her team started doing in January of 2014. In addition to that, coders also have weekly training in a classroom setting where they code cases in ICD-10, and review their responses with an instructor. Coders also are required to code 10 percent of each work day's cases in both ICD-10 and ICD-9.

If there's one area of concern for Leonard, it is with PCS coding, ICD-10's procedure coding system. She anticipates at least a 25 percent productivity loss on the PCS side. To make up for the loss, her facility budgeted for two additional full-time

equivalents as well as for contract coders for help for the first six months after go-live.

Within the last year, the facility has revitalized its CDI program, which does not report to Leonard, although it does work very closely with coders, with whom it meets once a week.

"CDI specialists have been querying for I-10 for about a year now, and our case mix shows it. So, there has definitely been a lot of improvement with the documentation already. I think that we are on a good path for documentation," Leonard says.

Restructuring and Incentives

To help make coding jobs more enticing and improve morale, Leonard restructured coding positions at the hospital to create a clearer career ladder. The facility hired a training and performance manager whose sole job is training coders. Then they broke coders down into positions including: coder 1, coder 2, senior coder, and lead coder.

"When we did this, we based [the job titles] on new qualifications, credentials and experience, and we swaddled people into their new roles," Leonard says. "And more than half of coders received an increase in pay. We also provided a recruitment and a retention bonus that was paid out over two years with a work commitment of two years to incentivize our coders to stick around after ICD-10 [implementation]."

Albany Medical Center's recent implementation of an electronic health records (EHR) system has been a boon to coder morale since it allowed them to work from home. Allowing coders to work from home serves the dual purpose of being an excellent recruiting tool, as well as keeping existing coders happy in their jobs.

"We had been pushing for it [the EHR] for several years and I think ICD-10 helped us with that. That was in our work plan, so we pushed it and it happened, and it's been absolutely tremendous," Leonard says.

Mary Butler is the associate editor at The Journal of AHIMA.

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